

Na 09902

ADMINISTRATIVE MESSAGE

ROUTINE

R 151426Z APR 02 ZYBW MIN PSN 693080S26

FM CNO WASHINGTON DC//N1//

TO NAVADMIN

UNCLAS //N01750//
NAVADMIN 099/02

MSGID/GENADMIN/N1//

SUBJ/UNPAID DENTAL CLAIMS UNDER TRICARE FAMILY MEMBER DENTAL PLAN
/(TFMDP)//

REF/A/DOC/SECNAVINST 5430.193/19NOV1997//

AMPN/REF A IS CURRENT INSTRUCTION FOR BOARD FOR CORRECTION OF NAVAL
RECORDS (BCNR).//

RMKS/1. ON 1 FEB 01 TRICARE DENTAL PROGRAM REPLACED TFMDP. UNITED
CONCORDIA COMPANIES INCORPORATED (UCCI) ASSUMED DIRECT
ADMINISTRATION OF CLAIMS SETTLEMENT FOR TRICARE DENTAL PROGRAM AND
TFMDP. THIS MESSAGE PROVIDES GUIDANCE ON RESOLVING ANY REMAINING
DENTAL CLAIMS UNDER THE TFMDP.

2. MANY SPONSORS AND FAMILY MEMBERS HAVE REPORTED THEY WERE
ERRONEOUSLY DISENROLLED FROM TFMDP, APPLICATION WAS NEVER
PROCESSED OR WERE NEVER OFFERED THE OPPORTUNITY TO ENROLL.
FAMILY MEMBERS WHOSE CLAIMS WERE DENIED BECAUSE OF ONE OF THE ABOVE
REASONS MAY BE ELIGIBLE TO CORRECT THEIR STATUS AND OBTAIN PAYMENT
OF THEIR CLAIMS THROUGH UCCI. CORRECTION AND PAYMENT OF CLAIMS FOR
ELIGIBLE FAMILY MEMBERS WILL REQUIRE RETROACTIVE COLLECTION OF
PREMIUMS FROM THE SPONSOR'S MILITARY PAY.

3. UCCI WILL RESOLVE UNPAID DENTAL SERVICE CLAIMS WITH THE SERVICE
PROVIDER ONCE PREMIUMS HAVE BEEN COLLECTED FROM THE SPONSOR'S
PAY. FAMILY MEMBERS WHO PAID FOR DENTAL SERVICES OUT-OF-POCKET
DURING AN ERRONEOUS LAPSE IN COVERAGE SHOULD CONTACT UCCI TO
DETERMINE WHETHER THEY ARE ENTITLED TO REIMBURSEMENT.

4. ALL INQUIRIES CONCERNING TFMDP MUST FIRST BE ADDRESSED TO UCCI
AT 1-888-622-2256 (CONUS), DSN 496-6358 (OCONUS), OR WEB SITE
WWW.UCCI.COM.

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5. MEMBERS MAY CONSIDER SUBMITTING APPLICATIONS TO BCNR IAW REF A, REQUESTING THEIR RECORD BE CORRECTED TO SHOW THEY WERE ENROLLED IN THE TFMDP DURING THE PERIODS OF UNRESOLVED CLAIMS. PRIOR TO APPLYING TO BCNR, MEMBERS SHOULD ENSURE THEY HAVE EXHAUSTED THEIR ADMINISTRATIVE REMEDIES THROUGH UCCI.

6. FOR BCNR TO CORRECT PERIODS OF LAPSED COVERAGE IN TFMDP, EVIDENCE OF ENROLLMENT ELIGIBILITY IS REQUIRED. REQUESTS FOR REIMBURSEMENT OF PREMIUMS DUE TO DISENROLLMENT, AS WELL AS ENROLLMENT INELIGIBILITY, REQUIRE SUPPORTING DOCUMENTATION. SUPPORTING DOCUMENTATION IS ALSO REQUIRED WITH ANY CLAIM OF ERRONEOUS COLLECTIONS OF DENTAL PREMIUMS DUE TO THE WRONG FAMILY PREMIUM CODE ELECTION OR WHEN ELIGIBILITY OF FAMILY MEMBERS CHANGE.

7. REQUESTS TO BCNR SHOULD BE SUBMITTED ON AN ORIGINAL, COMPLETED, AND SIGNED APPLICATION FOR CORRECTION OF MILITARY RECORDS (DD 149). ALL INFORMATION REQUIRED FOR SUBMISSION OF A BCNR REQUEST, DD 149, AND REF A, MAY BE OBTAINED AT WWW.PERSNET.NAVY.MIL/CONGRESSIONAL/BCNR.HTM OR BY CALLING THE BCNR STAFF AT (703) 614-1402/DSN 224.

8. MEMBERS WHO APPLY TO BCNR SHOULD PROVIDE ANY SUPPORTING DOCUMENTATION THAT WILL VERIFY THEY WERE ENROLLED IN THE TFMDP DURING THE PERIOD FOR WHICH A CLAIM IS BEING DENIED BY UCCI.

9. IN ADDITION, LEAVE AND EARNING STATEMENTS FOR THE PERIODS FOR WHICH CLAIMS ARE BEING DENIED BY UCCI AND ANY PAY INQUIRIES SUBMITTED THAT PERTAIN TO TFMDP PREMIUM PAY DEDUCTIONS DURING THESE PERIODS MAY ALSO BE HELPFUL IN ESTABLISHING A MEMBER'S TFMDP ENROLLMENT STATUS.

10. NAVPERSCOM POCS ARE MS. PERRY AT (901) 874-3467/DSN 882, OR E-MAIL: P332B@PERSNET.NAVY.MIL OR MR. WEAVER AT (901) 874-4653/DSN 882, OR E-MAIL: P312D@PERSNET.NAVY.MIL.

11. RELEASED BY VADM NORB RYAN, JR., N1.//

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